1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000002117

UP-THIN	K CONSULTING, INC.				I (BANKADI KIB BEKKI BAKKI BAKKI BANK BAKKI BAK		
Principal Place of Business Mailing Address							
602 LONGMEADOW CIRCLE LONGWOOD FL 32779 602 LONGMEADOW CIRCLE LONGWOOD FL 32779							
EDIGITOOD TE SEITS					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/01/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
26					59-3419885		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5, Certificate of Status Desired		Additional tequired
22 27							
—	City & State				6. Election Campaign Financing		May Be to Fees
23	28		Country		Trust Fund Contribution		to rees
Zip			Country		 This corporation owes the current year Personal Property Tax. 	Myes	□No
24	[25]	<u> </u>	<u> </u>		10. Name and Address of New Registers		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hand and Addition to Higher		
LANTZ, ROYAL E JR					·		
602 LONGMEADOW CIRCLE				Street Add	ress (P.O. Box Number is Not Acceptable)		ì
LONGWOOD FL 32779							
LONGWOOD 1 L 32178							
				City	F	85 Zip	Code
office or n agent. I a	to the provisions of sections of 7.50 and 6 gistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the section	ons of, Section 607.0505, Florida	a Statutes		poration submits this statement for the purpose on's board of directors. I hereby accept the appearance of the property of the		
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PT	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LANTZ, ROYAL E JR		1.2 NAME		•		
STREET ADDRESS	602 LONGMEADOW CIRCLE		1.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-S	T-ZîP			
TITLE	VS	☐ DELETE	2.1 TITLE			Change	Addition
NAME	LANTZ, ROYAL E JR		2.2 NAME				}
STREET ADDRESS	602 LONGMEADOW CIRCLE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		2. 4 CITY-5	ST-ZIP			[
TITLE		□-DELETE	3.1 TITLE			Change	- Addition
NAME	ļ		3.2 NAME				1
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS				TADORESS			
	The second secon		4.4 CITY-S				}
CITY-ST-ZIP	<u> </u>	□ DELETE	5.1 TITLE	1-21		Change	Addition
NAME		—	5.2 NAME	1		•	
STREET ADDRESS			5.3 STREE	T ADDRESS			}
SINCE AUUKESS	i e e e e e e e e e e e e e e e e e e e						

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, op on an attactyment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

☐ Change

Addition

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90112 034 ***150.00